U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13765	2. Fiscal Year Covered From:		
,	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name MICHAEL T OLAUGHLIN	Name PLUMBERS & PIPEFITTERS LOCAL 562		
	Labor Organization File Number 035-932		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 1608 COBBLESTONE CREEK DR	Street 12385 LARIMORE RD		
City FLORISSANT	City ST. LOUIS		
State Missouri ZIP Code + 4 63031	State Missouri ZIP Code + 4 63138		
5. Position in labor organization. BUSINESS AGENT			
monetary value from an employer whose employees your organiza 6. Name and address of Employer (including trade name, if any). Name HABERBERGER MECHANICAL Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 9744 PAULINE	7.a. Nature of Interest, Transaction, or Income. HAM 7.b. Amount.		
City ST. LOUIS State Missouri ZIP Code + 4 63123	\$30		
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Mila IT (Laughlin	On 8-8-05 314-355-1000		
	Date Telephone Number		
Form LM-30 (2003)	Page 1 of 2		

Name of Person Filing MICHAEL OLAUGHLIN		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	9. Business deals with: a. Labor Organiza b. Trust c. Employer			
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar val			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZiP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0183 Expires 11-30-2006

This report is mendatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1376 5	2. Fiscal Year Covered From:		
,	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name MICHAEL T OLAUGHLIN	Name PLUMBERS & PIPEFITTERS LOCAL 562		
	Labor Organization File Number 035-932		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 1608 COBBLESTONE CREEK DR	Street 12385 LARIMORE RD		
City FLORISSANT	City ST. LOUIS		
State Missouri ZIP Code +4 63031	State Missouri ZIP Code + 4 63138		
5. Position in labor organization. BUSINESS AGENT			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of			
monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street	Andune		
City	man in an		
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Mila T. Chaugher	On 8-8-05 314-355-1000		
- in factor 1. Constitution	Date Telephone Number		

Name of Ferson Fining MICHAEL OLAUGHLIN		File Number u-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name PLUMBING INDUSTRY COUNCIL Trade Name, if any: PIC P.O. Box, Bldg., Room No., if any Street 11472 SCHENK DR City MARYLAND HEIGHTS State Missouri ZIP Code + 4 63 043	9. Business deals with: a. Labor Organiza b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ing.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$150 12.a. Nature of interest held or income received.			
	12 b. America			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			
Total to the business art Employer Land			<u> </u>	

ii.S. Department of Labor ffice of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name MICHAEL T OLAUGHLIN	Name PLUMBERS & PIPEFITTERS LOCAL 562		
	Labor Organization File Number 035-932		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 1608 COBBLESTONE CREEK DR	Street 12385 LARIMORE RD		
City FLORISSANT	City ST. LOUIS		
State Missouri ZIP Code + 4 63.031	State Missouri ZIP Code + 4 63138		
5. Position in labor organization. BUSINESS AGENT			
A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organization.			
Name and address of Employer (including trade name, if any). Name	7.a. Nature of Interest, Transaction, or Income.		
Name Trade Name, if any:			
Name			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.		
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Sig 15. Signature and verification. The undersigned declares, under penalty of	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.c. Amount. 7.c. Amount. 7.c. Amount. 7.c. Amount. 7.c. Amount. 9.		
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Sig 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany).	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.c. Amount. 7.c. Amount. 7.c. Amount. 7.c. Amount. 7.c. Amount. 9.		

Name of Person Filing MICHAEL OLAUGHLIN	File N	Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name MECHANICAL CONTRACTORS ASSOCIATION Trade Name, if any: MCA P.O. Box, Bldg., Room No., if any Street 4402 ST. VINCENT City ST. LOUIS State Missouri ZIP Code + 4 63119	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. SCHOLARSHIPS AWARD DIN	NER
Street City State ZIP Code + 4	11.b. Approximate dollar value of s 12.a. Nature of interest held or in	
	12.b. Amount.	
C. Received from any employer (other than an employer covered upor from any labor relations consultant to an employer any payment of more	nder parts A and B above) ney or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	